

Registration Information for Health & Wellness 2008 Summer Institute

1. Student name: _____
First Middle Last
- Other former last names: _____
2. Date of Birth ____/____/____ 3. Phone number (w) _____
Mo day yr 4. Phone number (h) _____
5. Last 4 numbers of social security number _____
6. Mailing address _____
Include zip code _____

7. e-mail address _____
8. Are you interested in registering for H317 or H517? _____
(If you are taking this class to renew your teaching license, school corporations all have different guidelines about whether you need to take graduate or undergraduate credits. You can check with your school administration for that information.)
9. Are you currently attending any campus of IU or IUPUI and taking only undergraduate courses? Yes No
Your anticipated date of graduation ____/____
Mo Yr
10. Have you earned a bachelor's degree from IUPUI or any campus of IU? Yes No
11. Have you ever completed courses at any campus of IU, Purdue, or IUPUI? Yes No
12. Have you earned a bachelor's degree from outside of IU or IUPUI? Yes No
If yes name of college: _____
City State
13. If no last college attended: _____
City State
14. Name of high school and graduation year
City State Graduation year _____

Students who answer yes to questions 9, 10 or 11 have already paid an application fee and will not need to pay again. All others must pay an application fee of \$50. Upon approval by School of Physical Education and academic check by Undergraduate Admissions for former enrollment, students will be notified concerning registration steps.

Please return this form as an attachment to Dr. Lisa Angermeier
(langerm@iupui.edu). If you have any questions, please call 278-4585.